

**Testimony of U.S. Senator Sam Brownback**  
**Hearing in the Subcommittee on Federal Financial Management, Government Information**  
**and International Security**  
**U.S. Senate Committee on Homeland Security and Governmental Affairs**  
**May 12, 2005**

**INTRODUCTION**

Mr. Chairman, I'd like to thank you for the opportunity to speak to the subcommittee today about a topic very close to my heart. I travel overseas with some regularity and I get to see some of the tragedies unfolding in countries such as Uganda, or Vietnam. Malaria is a tragedy on an epic scale, and the worst part is how unnecessary the death toll is.

Malaria is the most common life-threatening infection on earth, sickening 500 million people a year and killing 1-2 million a year. Most of these deaths are in tiny children and pregnant moms. The vast majority of these deaths are unnecessary. You see, malaria is a preventable disease. And even when prevention fails, it is a curable disease.

We are used to public debates about the cost of treatment for AIDS – is it \$300 for a year's supply of medicines, or \$2,000 a year? Do we use FDA-approved, branded drugs or unapproved, copycat drugs? Ultimately, with AIDS, we are tragically only delaying the inevitable death from this incurable disease. Yet, this Congress, and this Administration recognized the moral imperative to do so on a grand scale. You see, when we have the tools to address a problem affecting the poorest of the poor, we will be held accountable for our response to that problem.

AIDS is complicated and expensive to treat, and ultimately incurable. How much more are we accountable for lifesaving investments for a disease like malaria? To cure malaria – it costs at most \$2. Give a child a few days of inexpensive medicine, and the child is cured. But you have to get treatment quickly if the medicine is going to work best. How much better to prevent the child from ever being infected? Prevention works. It can work. It has worked in large swaths of the globe for decades.

The world embarked on a global campaign to eradicate malaria decades ago, primarily using the combination of spraying insecticide in houses and effective medicines for people who get infected. We conquered malaria with this approach in the developed world and controlled the disease dramatically in the developing world. But then, DDT – the cheapest and most effective insecticide – got a bad rap, and drug resistance to the medicines started increasing. The world community turned its back on aggressive malaria control. Now malaria is the leading killer of children in Africa.

## **A GLOBAL FAILURE**

The death toll is inexcusable for a controllable disease like malaria. The Congress authorized \$15 billion over 5 years to control AIDS, malaria and tuberculosis. Very little of that has gone to malaria. The U.N. has an abysmal record of failure. The U.N. launched an initiative years ago to cut malaria rates in half by the year 2010. This goal was reasonable and realistic, given the world's past success. But you have to spend the money on actual tools – drugs that work, insecticides, bed-nets. Instead, money went to what seems like a lot of talk and the Roll Back Malaria turned out to be nothing more than a PR gimmick. Just last fall, UNICEF was handing out obsolete drugs in refugee camps in Darfur! Despite the talk from the U.N., malaria rates have increased since the Roll Back Malaria Partnership began, not declined. This failure is a global embarrassment.

## **BILATERAL BLUNDERS**

Amid the finger-pointing, some are claiming that it's a funding problem. Last month, the World Health Organization blamed donors for not spending enough. I'm of the opinion that until we see results with the money we currently spend, more money will only exacerbate our failures. I am embarrassed to say that our own U.S. Agency for International Development is not measuring whether lives are being saved with its budget of \$90 million. It simply is not measuring. Why? Because it doesn't actually buy items that reach communities on the ground. The agency refuses to buy drugs. Refuses to buy insecticide for spraying programs. Refuses to spend more than 5% of its budget on direct distribution of insecticide-treated bed-nets. And finding that out was not easy. The biggest failure of all is that the agency refuses to transparently disclose how it spends its money. My staff have been asking repeatedly for a detailed, itemized accounting of the \$90M, and has been getting ad hoc responses with vague descriptions and math that doesn't add up. When I have asked which contractors are getting how much money, to do exactly what, in which countries, I have gotten no answers.

The documents we have received have been quickly-thrown-together emails to staff, requiring follow-up questions and endless clarifications. Why isn't this information published on a web site in a systematic way? Why aren't reports published each year that provide this information? I can't think of a better way to duck criticism for failing to have lifesaving programs than to simply claim effectiveness with absolutely no supporting documentation.

Unfortunately, the spin doesn't stop with the failure to disclose funding information. The agency actually defends its programmatic approaches using deceptive rhetoric and distorted science. After being challenged on its fuzzy science, USAID had to issue me an apology for exaggerating the cost of insecticide spraying in a letter defending their refusal to more broadly support these programs. I can't help but wonder - what is going on? I know we all want little kids to stop dying daily from this preventable, curable disease.

## NEXT STEPS

I think the American people are ready to do more on malaria. They are the most generous people on earth. I go back to my home state and there is a willingness to reach out and support programs if the programs really save lives. But before we can responsibly spend more, we must reform existing programs

## S. 950 ELIMINATE NEGLECTED DISEASE ACT OF 2005

That is why I have introduced the Eliminate Neglected Disease Act of 2005 with my colleagues Senators Landrieu and Inhofe. This bill calls for reform of our infectious disease programs in a number of ways:

- 1) ***Direct interventions:*** Our bill requires funding of activities that have a direct impact on sick people or people at risk of becoming sick. For some programs, this will require a shift of priority in budgets from indirect support and advice-giving consultants to actually funding medical treatment, commodity procurement, and outbreak control programs.
- 2) ***Accountability:*** Our bill requires Federal agencies working on infectious diseases to measure performance and prove that they are saving lives. The bill establishes mechanisms to revise or terminate contracts that fail to save lives.
- 3) ***Transparency:*** Our bill requires that the agency systematically report on a web site how it spends its money. This approach is similar to the one taken by Geneva-based multilateral donor the Global Fund to Fight AIDS, TB and Malaria. All signed agreements are posted online, as well as progress reports documenting performance on required deliverables and indicators.
- 4) ***Scientific and Clinical Integrity:*** The bill provides that clinical, and public health programs are overseen by the agencies of the Federal government where the core competencies in clinical medicine and public health reside. For the malaria program - where the lack of clinical and scientific expertise has been particularly acute - a group of Federal and non-government medical and academic experts will provide scientific and medical oversight.
- 5) ***Coordination and Priority-setting:*** Up to five Federal agencies are currently involved in international malaria and tuberculosis programs. The bill would provide for clearer lines of authority and coordination for these programs, and require a strategic planning process to ensure that programs operate according to a results-oriented 5-year plan. When the President wanted to roll out huge money - \$15B – for AIDS, he targeted 14 focus countries. How much more should our much-smaller malaria program also target focus countries rather than spreading a few million over 30 countries? Priority-setting is critical. Some countries are ready to go with comprehensive malaria control programs, and we should start there.

## **THE MORAL IMPERATIVE**

The world community conquered smallpox. We have nearly conquered polio and guinea worm. When we acted in concert, we stopped SARS in its tracks a few years ago. If these diseases were killing our own citizens at the rates they are killing people in poorer countries, we would put an end to it using the inexpensive, known methods, in short order. African children are just as precious as American and European children. To those who have been given much, much is expected. We will be held responsible for how we responded to this crisis. I hope my colleagues will join us in supporting this legislation.

I am happy to answer any questions and I thank you for your engagement on this issue.